


FILE NOW: Fee after May 1, will be \$588.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT #L95000000174			
THE CLUB AT SUMMER BAY, L.C. 17805 US HWY 192 CLERMONT FL 34711		1a. Principal Place of Business Address 17805 US HWY 192 CLERMONT FL 34711			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business SAME		2a. Mailing Address		3. Date Organized or Qualified 03/06/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation FL	
City & State		City & State		4. FEI Number 59-3318581	
Zip		Country		5. Date of Last Report 06/14/1996	
7. Name and Address of Current Registered Agent CALDWELL, PAUL M 17805 U.S. HIGHWAY 192 CLERMONT FL 34711		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	PEAK RESORT MANAGEMENT	17805 US HWY 192		CLERMONT FL	
MEM	PEAK FAMILY PARTNERSHI	17527 PINWOOD CREST		SPRING TX	
MEM	BRYANSTONE, INC.	1065 EXECUTIVE PARKWAY		ST. LOUIS MO	
				900002158729--1 -04/29/97--01087--034 ****203.75 ****203.75 A. Alan 4/23/97	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <u>By Joe H. Scott Sr</u> 4-22-97 (352) 242-2670 Bryanstone, Inc., Member					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					